Date Stamp



## **POST OFFICE SAVINGS BANK** NEW/CHANGE KYC (Know Your Customer) Form (to be sent to respective CPC)

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Applicant(1)		3.8.	iatai c	necent 1	iotograpii		
Name:-	(1)						
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CIF ID No.							
Account /Registration No.							
Applicant(2)							
Name:-		1					
Name.	(1)						
CIF ID No.							
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Account /Registration No.		(2)					
Applicant(3)							
Name:-		١					
Nume.	(1)						
CIF ID No.							
Account /Registration No.		(2)					
Please fill all the informati	on below in case	of new accou	unt and only releva	nt information	in case of chang	ge in	
KYC.			,			,	
Name (in Capital letters)							
Flat/House Number			Locality				
Road			Landmark				
Village/Town/City			District				
Pincode			State				
Mobile Number			Email ID				
Aadhar number			PAN Number				
Addition Harrise			.,				
I do hereby submit photo	conv of the follow	wing docume	nts (self attested) f	or the proof of	•_		
Proof of identity (doc.no./			itts (sen accestea) i	<u> </u>	•		
Proof of address (doc.no./		• • •					
11001014441035 (400:110.)	date/133ding dati	iority					
I do hereby solemnly decl	are that the infor	mation nrovi	ided above with re	snect to my acc	count is un to da	ate and	
correct.	are that the imor	mation provi	aca above with re	spect to my det	count is up to ut	ice aric	
correct.							
Signature/Thumb impress	ion:- 1 <sup>st</sup> An	plicant	2 <sup>nd</sup> Applic	ant 3	3 <sup>rd</sup> Applicant		
(in case of Joint A/c, all applicants have					, ipplicant		
(iii case or some ry e, an ap	pricarits riave to s	FOR OFFICE	I I I SE ONI V				
Certified that I have verifie	ad the documents			n form and con	firm that KVC no	orms	
are fully complied with.	d the documents	3 Subillitted V	vitii tiiis applicatio	ii ioiiii ana con	mm that kie ne	711113	
are rany complied with.							
Signature of GDS BPM	Siø	nature of SPI	M	Signature of Postmaster			
Date:-	318	- 0			Signature of Fostinaster		